



2025-2026 Annual Registration Form

REV 07/11/2016

STUDENT INFORMATION NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name, First Name, MI		Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
School	Grade	Teacher	
Student's Primary Home Address (REQUIRED):		City	State Zip
Primary Phone Number (REQUIRED): <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

PARENT/GUARDIAN INFORMATION MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

1 Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father
Last Name, First Name (as it appears on Driver's License) Email Address
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch:
2 Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father
Last Name, First Name (as it appears on Driver's License) Email Address
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch:

As the Parent/Guardian of the Student, I, _____ reaffirm that I am a resident of the State of Arizona and my residence address has not changed.
 Parent/Guardian Signature: _____ Parent/Guardian Name (print) Date: _____

My residence address has changed, and as the Parent/Legal guardian of the Student, I attest that I am a resident of the State of Arizona and attach in support of this registration form a copy of the document as specified by the Arizona Residency Documentation Form #2803440 that displays my name and residential address.

LEGAL DOCUMENTS

Please mark any items that apply to this student, and provide the school with copies of related documents:

<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Guardianship for Court-Appointed Guardian
<input type="checkbox"/> Department of Economic Security Report	<input type="checkbox"/> Custody/Parenting Time Agreement
<input type="checkbox"/> Order of Protection Against:	<input type="checkbox"/> Other:

TRANSPORTATION QUESTIONNAIRE

Student's A.M. Transportation (To School):	Student's P.M. Transportation (From School):
<input type="checkbox"/> *Bus <input type="checkbox"/> Kids Klub <input type="checkbox"/> Parent <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Daycare: _____	<input type="checkbox"/> *Bus <input type="checkbox"/> Kids Klub <input type="checkbox"/> Parent <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Daycare: _____

* If eligible, you will be provided with time and location, along with the Bus Rules, which must be signed and returned to the Bus Driver. Student Transportation Services are a privilege and not a right. LESD may withdraw bus privileges to any student that fails to follow the Bus Rules or follow directions of the Bus Driver or other adult supervisor.

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN

If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to assume temporary custody of and responsibility for my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

1 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+
Last Name, First Name (as it appears on Driver's License) Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
2 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+
Last Name, First Name (as it appears on Driver's License) Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
3 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+
Last Name, First Name (as it appears on Driver's License) Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
4 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+
Last Name, First Name (as it appears on Driver's License) Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
5 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+
Last Name, First Name (as it appears on Driver's License) Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
6 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+
Last Name, First Name (as it appears on Driver's License) Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

I affirm all information on this form is accurate, and by providing my cell phone number and email address I'm opting into school notifications. I understand it is my responsibility to notify the school in writing of any changes and that I may unsubscribe from non-critical school notifications at any time during the school year, and I have read and understand the information provided to me in this annual registration form.

Parent/Guardian Signature: _____ Date: _____